

OVERVIEW



GOALS OF CPC+

Increase access to—and improve the quality and efficiency of—primary care, which ultimately is intended to achieve better health outcomes at lower cost

CPC+ is the largest and most ambitious primary care payment and delivery reform ever tested in the United States.

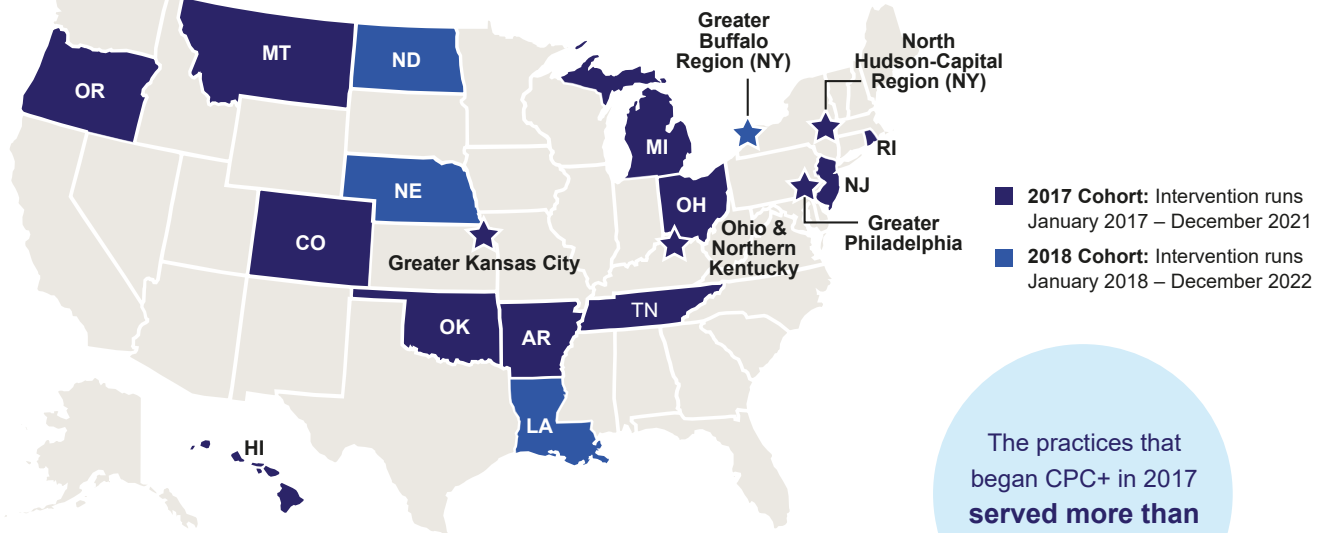
Primary care practices are transforming across five care delivery functions: (1) access and continuity, (2) care management, (3) comprehensiveness and coordination, (4) patient and caregiver engagement, and (5) planned care and population health.

CPC+ practices are split evenly into two practice tracks, with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices across the country.

To bolster support for practices, CMS partnered with 79 public and private payers across 18 CPC+ regions. CMS and other payers provide CPC+ practices with enhanced and alternative payments, data feedback, and learning activities. Health information technology (IT) vendors also partnered with CPC+ practices to help them use health IT to improve primary care.

PARTICIPANTS

Diverse regions, payers, and practices joined CPC+ starting in 2017 and 2018



\$ Payers

2017: 63
2018: 16
Total: 79

🏥 Practices

2017: 2,905
2018: 165
Total: 3,070

👤 Practitioners

2017: 13,209
2018: 1,135
Total: 14,344

The practices that began CPC+ in 2017 served more than 15 million patients

FINDINGS



- **CPC+ provided practices with significant supports in the first year.** These include payments over and above what they already receive for providing care, data feedback, individualized and group learning supports, and health IT vendor support. Most significantly, the median practice received CPC+ care management fees of over \$88,000 per Track 1 and \$195,000 per Track 2 practice, on top of traditional payments.



- **CPC+ practices started changing care delivery in 2017.** Many CPC+ practices focused on risk stratifying patients, hiring and deploying care managers, and integrating behavioral health into primary care in 2017. Prior transformation experience (e.g., a Patient-Centered Medical Home model), and access to resources and supports from a larger health care organization facilitated implementation.



- **Practices thought their work was making a difference, but found aspects challenging.** Nearly all practices (93 percent) reported that CPC+ improved quality of care. However, many practices found meeting the care delivery, financial reporting, and health IT requirements to be burdensome.



- **Primary care transformation takes time to implement.** As expected, CPC+ had minimal effects on Medicare fee-for-service (FFS) beneficiaries served by practices that began CPC+ in 2017. There were few, very small differences in service use and quality-of-care outcomes or total Medicare expenditures without enhanced CPC+ payments. When including enhanced payments CMS made to practices for participating in CPC+, expenditures for Medicare FFS beneficiaries were 2 to 3 percent higher for CPC+ practices than for comparison practices.

TAKEAWAYS

In the first year, CPC+ provided primary care practices with substantial supports and the practices began the hard work of transforming care delivery. However, as expected, there were few effects on cost, service use, and quality for Medicare FFS beneficiaries in the first year. Effects on patient outcomes may emerge with more time as CPC+ practices deepen and expand care delivery changes.